

APPLICATION FOR CHILD SUPPORT SERVICES				For Agency Use Only											
				NAME OF REFERRING OFFICIAL			TELEPHONE NO.								
				UNIT		DATE OF REFERRAL	APPLICATION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Supplemental								
NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES															
A Applicant/ Petitioner	NAME (Last, First, M.I.)			RELATIONSHIP TO CHILDREN		SOC.SEC.NO.		DATE OF BIRTH							
	ADDRESS - Legal Residence (Street, City, State, Zip)					Telephone Number		Home							
	SUPPORT COLLECTION UNIT APPLICATION ONLY > I have applied for or am in receipt of <input type="checkbox"/> HR <input type="checkbox"/> ADC <input type="checkbox"/> MA <input type="checkbox"/> I have not applied for nor am I in receipt of HR/ADC/MA					(Incl. Area Code) (N/P = No Phone)		Business							
B Absent Parent/ Respondent	NAME (Last, First, M.I.)			RELATIONSHIP TO APPLICANT		SOC.SEC.NO.		DATE OF BIRTH							
	ADDRESS - Legal Residence (Street, City, State, Zip) Current or Last Known					Telephone Number		Home							
	EMPLOYER'S NAME/ADDRESS (Current or Last Known)					(Incl. Area Code) (N/P = No Phone)		Business							
	PLACE OF BIRTH		MOTHER'S MAIDEN NAME		FATHER'S FULL NAME		DATE OF DESERTION								
C Child, Subject of Applications	NAME (Last, First, M.I.)		DATE OF BIRTH		NAME (Last, First, M.I.)		DATE OF BIRTH								
D Services Requested Applicant/ Petitioner	<input type="checkbox"/> File Search (location) <input type="checkbox"/> Paternity Establishment <input type="checkbox"/> Child Support Establishment <input type="checkbox"/> Medical Support Establishment <input type="checkbox"/> Child Support Collection <input type="checkbox"/> Medical Support Collection			<input type="checkbox"/> Child Support Enforcement <input type="checkbox"/> Medical Support Enforcement <input type="checkbox"/> Field Investigation - Child Support* <input type="checkbox"/> Field Investigation - Medical Support* <input type="checkbox"/> Legal Representative - Child Support* <input type="checkbox"/> Legal Representative - Medical Support*		DATE OF COURT ORDER		DOCKET NO.							
								COURT							
	* Right to Recovery MUST Be Signed in the presence of a IV-D Unit Staff Member, and Notarized to Be Eligible for Field Investigation or Legal Services.														
E Affirmation	AFFIRMATION - I hereby apply pursuant to Social Services Law § 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document have been examined by me and to the best of my knowledge and belief are true and correct.														
						SIGNATURE		DATE							
F	COMPLETE THIS SECTION ONLY IF FIELD INVESTIGATION/LEGAL REPRESENTATION IS REQUESTED														
Right to Recovery (Supplement)	I assign to the _____ Department of Social Services and New York State the title to and right to receive up to 25% of each child support payment to be received by me on behalf of the children listed above until such time that DSS is reimbursed for actual costs incurred in providing the necessary service(s) I requested.														
	If child support payments are made payable through the Support Collection Unit (S.C.U.) I authorize the S.C.U. to pay the _____ Department of Social Services the amounts assigned above.														
	I understand that if I do not reimburse the _____ Department of Social Services and New York State for these costs out of child support payments received by me, they may initiate a civil proceeding, the total costs for which I will be responsible to pay.														
	X _____ Signature Date														
	State of _____														
	SS: _____														
	County of _____ On the _____ day of _____, 20_____, _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same.														
X _____ Notary Public Date															
FOR AGENCY USE ONLY															
HR		SSI		MA		CW		COURT ORDERED		FS		GENERAL PUBLIC			
APPROVED		APPLICATION REVIEW										DENIED			
REASON FOR REJECTION OF APPLICATION															
												DSS REPRESENTATIVE X		DATE	

NOTE TO APPLICANT: On the back of this form, please write additional information which might be helpful in efforts to locate or secure/enforce support from the absent parent.